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Division of Dockets Management
Food and Drug Administration (HFA-305)
Department of Health and Human Services
5630 Fishers Lane, Room 1061
Rockville, MD 20852

VIA COURIER

Amendment to Citizen Petition
Docket Number 02P-0444/CP1
Inclusion of Pediatric Waiver Request

Dear Sir or Madam:

The petition cited above was submitted on October 10, 2002. The petition requested the Commissioner of the Food and Drug Administration to declare that the drug product **Cefpodoxime Proxetil Tablets for Oral Suspension 50 mg and 100 mg** is suitable for submission as an Abbreviated New Drug Application (ANDA).

In December of 2003, Congress passed the Pediatric Research Equity Act (PREA) of 2003 that amended the Federal Food, Drug and Cosmetic Act (The Act) to provide the Agency authority to require drug firms to study certain drugs in pediatric patients, if the Agency felt that such study would provide beneficial health data for that patient population. This letter is based on the requirements outlined in PREA and references the Draft Guidance for Industry [Recommendations for Complying with the Pediatric Rule (21 CFR 314.55(a) and 601.27(a)), dated November 2000].

Reference is also made to the Agency's communication dated February 3, 2004, recommending submission of a waiver with supporting information and documentation in accordance with the provisions of Section 2 of PREA as an amendment to the suitability petition.

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Section 505B(a)(4)(A)(iii) of The Act (as amended by PREA) provides a provision for a waiver from such requirement if:

> (iii) the drug or biological product --
>
> > (I) does not represent a meaningful therapeutic benefit over existing therapies for pediatric patients; and
> >
> > (II) is not likely to be used in a substantial number of pediatric patients.

The petitioner hereby requests that a waiver from the conduct of pediatric studies for all age groups be granted for this petition.

The Reference Listed Drug Vantin® Granules for Oral Suspension (cefpodoxime proxetil 50 mg/5 mL and 100 mg/5 mL) (Pharmacia & Upjohn) is currently available as granules for oral suspension and is, according to the approved labeling, recommended for use in the treatment of patients with mild to moderate infections caused by susceptible strains of the designated microorganisms in conditions such as acute otitis media, pharyngitis/tonsillitis, and acute maxillary sinusitis.

The petitioner's proposed product, Tablets for Oral Suspension, forms an oral suspension on dispersion similar to the Reference Listed Drug. This petition requests a change in dosage form from "Granules for Oral Suspension" to "Tablets for Oral Suspension." The final dosage form consumed by the patient is the "suspension" and is identical for both the petitioner's product and the Reference Listed Drug.

The proposed product, Cefpodoxime Proxetil Tablets for Oral Suspension (50 mg and 100 mg), is designed to provide patients a more convenient dosage form of Cefpodoxime with respect to unit-dose dispensing, ease of administration to patients who have difficulty swallowing, and storage and administration (for example, during travel). These benefits, while not excluding pediatrics, are directed to the adult population. The petitioner believes that Cefpodoxime Proxetil Tablets for Oral Suspension does not represent a meaningful therapeutic benefit over existing antibiotic therapies or over the Reference Listed Drug, Vantin® Granules for Oral Suspension, for the pediatric patient population.

Furthermore, the petitioner believes that additional clinical studies in the pediatric population with the petitioner's tablets for oral suspension would not offer meaningful data, nor would they demonstrate a therapeutic benefit over Vantin® Granules for Oral Suspension in the pediatric population for which it is intended. As stated in the product labeling for Vantin® Granules for Oral Suspension (50 mg/5 mL and 100 mg/5 mL), pediatric studies have been conducted and the product labeling contains adequate dosing and administration information for the pediatric population from ages 2 months to 12 years:

Children 2 months to 12 years: Dosage is 10 mg/kg/day divided into two doses for 5 to 10 days. Safety and efficacy in infants less than 2 months of age have not been established.

Adults and adolescents (aged 12 years and older): Dosage varies with infection type, and ranges from 200 mg/day to 800 mg/day. For example, for pharyngitis and/or tonsillitis, 200 mg/day; skin infections are treated with 800 mg/day.

The planned labeling for Cefpodoxime Proxetil Tablets for Oral Suspension will be very similar in providing dose information for the allowable weight groups:

Children 2 months to 12 years: Dosage is 10 mg/kg/day divided into two doses for 5 to 10 days. For example, for a child of approximately 10 kg, suspend and have the child drink one-50 mg tablet in water every 12 hours (see Table 1 below). The child must drink the entire volume of suspended drug.

Adults and adolescents (aged 12 years and older): Dosage varies with infection type, and ranges from 200 mg/day to 800 mg/day. For example, for pharyngitis and/or tonsillitis, suspend and have the patient drink one-100 mg tablet in water every 12 hours; for skin infections, suspend and have the patient drink four-100 mg tablets in water every 12 hours (see Table 1 below). The patient must drink the entire volume of suspended drug.

TABLE 1.
NUMBER OF CEFPODOXIME PROXETIL TABLETS FOR ORAL SUSPENSION TO BE GIVEN TO ACHIEVE RECOMMENDED DOSES

RECOMMENDED DOSAGE OF CEFPODOXIME PROXETIL TABLETS FOR ORAL SUSPENSION	CHILD'S WEIGHT (KG)	NUMBERS OF TABLETS FOR SUSPENSION PER DOSE
CHILDREN 2 MONTHS TO 12 YEARS		
5 mg/kg, every 12 hours (10 mg/kg/day)	10 kg	One-50 mg tablet
	20 kg	One-100 mg tablet
ADULTS AND ADOLESCENTS (AGED 12 YEARS AND OLDER)		
100 mg every 12 hours (200 mg/day)	N/A	One-100 mg tablet
400 mg every 12 hours (800 mg/day)	N/A	Four-100 mg tablets

Further, a bioequivalence study is planned comparing the Reference Listed Drug with Cefpodoxime Proxetil Tablets for Oral Suspension, and a product demonstrated to be bioequivalent in adults is accepted to be bioequivalent in a pediatric population. Therefore, additional studies would be redundant and unnecessary.

The planned bioequivalence study will compare Vantin® Granules for Oral Suspension (100 mg/5 mL) with Cefpodoxime Proxetil Tablets for Oral Suspension (100 mg) in adult volunteers. The petitioner believes that the bioequivalence study conducted on adults should be adequate to demonstrate bioequivalence in children.

According to the approved labeling, Vantin® Granules for Oral Suspension is recommended for use in pediatric patients 2 months of age and older. The petitioner's product, in line with Vantin®, is also indicated for use in pediatric patients 2 months of age and older within the correct weight range for dosing. Based on the limited pediatric patient population in the appropriate weight ranges that can be dosed, the petitioner believes that there will not be substantial use of Cefpodoxime Proxetil Tablets for Oral Suspension in pediatric patients, and therefore a pediatric study is not warranted.

For the reasons stated above and consistent with the provisions of the Pediatric Research Equity Act of 2003, the petitioner respectfully requests that this waiver be granted.

Sincerely,

Nicholas M. Fleischer, R.Ph., Ph.D.
Director of Biopharmaceutics
THE WEINBERG GROUP INC.

NMF/kh

cc Gary Buehler, Director, Office of Generic Drugs